

June 26, 2019

Dear Council Member:

The following amendments to the administrative rules are presented for adoption at the July 10, 2019 meeting of the Council on Human Services:

R-1. Amendments to Chapter 40, Application for Aid and Chapter 65, "Food Assistance Program Administration". Remove obsolete form references from the Family Investment Program (FIP) rules and also removes outdated and unnecessary rules related to Electronic Benefit Transfer (EBT) for Food Assistance.

R-2. Amendments to Chapter 75, "Conditions of Eligibility". Adjusts the federal poverty level (FPL) increments used to assess premiums for applicants and recipients for the Medicaid for Employed People with Disabilities (MEPD) program with income over 150% of the FPL.

R-3. Amendments to Chapter 75, "Conditions of Eligibility". Removes specific amounts listed for the statewide average charges for nursing facility services for private-pay residents, average pay charges for nursing facilities and psychiatric medical institutions for children, and the maximum Medicaid rate for intermediate care facilities for person with an intellectual disability. The annually revised amounts for these charges will now be published on the Department's website.

R-4. Amendments to Chapter 78, "Amount, Duration and Scope of Medical and Remedial Services". Provide a definition of a customized wheelchair for all Medicaid members and providers. Aligns Iowa's Medicaid definition of a customized wheelchair with the definition for the Medicare program provided by the Centers for Medicare and Medicaid Services (CMS).

R-5. Amendments to Chapter 97, "Collection Services Center", Chapter 98, "Support Enforcement Services" and Chapter 99, "Support Establishment and Adjustment Services". Remove references to obsolete form numbers and names.

There are no noticed rules for your review this month.

The monthly rules-in-process spreadsheet detailing all rules currently in process for implementation within SFY 2020 is enclosed.

Sincerely

A handwritten signature in blue ink, appearing to read "Nancy Freudenberg".

Nancy Freudenberg
Bureau Chief
Policy Coordination

HUMAN SERVICES DEPARTMENT [441]

Adopted and Filed

The Human Services Department hereby amends Chapter 40, "Application for Aid," and Chapter 65, "Food Assistance Program Administration," Iowa Administrative Code.

Legal Authority for Rule-Making

This rule making is adopted under the authority provided in Iowa Code sections 234.6 and 239B.4(6).

State or Federal Law Implemented

This rule-making implements, in whole or in part, Iowa Code sections 234.6 and 239B.4(6).

Purpose and Summary

These amendments remove obsolete form references from the Family Investment Program (FIP) rules in Chapter 40. The amendments also remove outdated and unnecessary rules from Chapter 65 related to Electronic Benefits Transfer (EBT) for food assistance.

Public Comment and Changes to Rule-Making

Notice of Intended Action for this rule-making was published in the Iowa Administrative Bulletin on May 22, 2019, as ARC 4439C.

The Department received no comments during the public comment period. These amendments are identical to those published in the Iowa Administrative Bulletin under Notice of Intended Action.

Adoption of Rule-Making

This rule-making was adopted by the Council of Human Services on July 10, 2019.

Fiscal Impact

This rule-making has no fiscal impact to the State of Iowa.

Jobs Impact

After analysis and review of this rule-making, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any, pursuant to rule 441—1.8(17A,217).

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule-making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its regular monthly meeting or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

Effective Date

This rule-making will become effective on September 4, 2019.

The following rule-making action is adopted:

ITEM 1. Amend rule 441—40.28(239B) as follows:

441—40.28(239B) Referral for investigation. The department may refer questionable cases to the department of inspections and appeals for further investigation. ~~Referrals shall be made using Form 470-2998, Referral for Front-End Investigation.~~

This rule is intended to implement Iowa Code section 239B.5.

ITEM 2. Amend rule 441—65.4(234) as follows:

441—65.4(234) Issuance. The department shall issue food assistance benefits by electronic benefits transfer (EBT) cards.

65.4(1) Schedule. Benefits for ongoing certifications shall be made available to households on a staggered basis during the first ten calendar days of each month.

65.4(2) EBT cards. EBT cards shall be mailed to clients recipients except in the event of a disaster. Disaster EBT cards will be distributed through the local office.

a. Personal identification number selection. ~~When a client receives the EBT card, the client shall call the automated response unit to select a personal identification number. The client must provide proof of identity before selecting the personal identification number.~~

b. Replacement of EBT cards. ~~EBT cards shall be replaced within five business days after the client notifies the EBT customer service help desk of the need for replacement.~~

65.4(3) Client training. ~~Written client training materials may either be mailed to clients or be handed to the clients if they visit the local office. Clients will be given in-person training upon request or if they are identified as having problems using the EBT system.~~

65.4(4) Point-of-sale terminals. ~~Point-of-sale terminals allow clients to access food assistance benefits and retailers to redeem food sales.~~

a. Redemption threshold. ~~The department will not place point-of-sale terminals with any authorized retailer with less than \$100 in monthly food assistance redemptions. Those retailers may participate through a manual voucher process described in paragraph 65.4(5) "b."~~

b. Shipping. ~~Government-supplied point-of-sale terminals may be shipped to authorized retailers along with instructions for installation of the equipment and training materials. A toll-free number is available for retailers needing assistance.~~

c. Replacement. ~~The department shall ensure that government-supplied point-of-sale terminals that are not operating properly are repaired or replaced within 48 hours.~~

65.4(5) Voucher processing.

a. Emergency vouchers. ~~Authorized retailers may use an emergency manual voucher if they cannot access the EBT host system.~~

(1) ~~The client shall sign Form 470-2827, POS Voucher, to authorize a debit of the household's EBT account.~~

(2) ~~The retailer shall clear the manual transaction as soon as the host system becomes operational.~~

(3) ~~The retailer shall receive a payment of the actual amount of the voucher, up to a maximum of \$50.~~

b. Manual vouchers. ~~Authorized retailers without point-of-sale terminals and retailers whose equipment fails may use a manual voucher. If a manual voucher is used:~~

(1) ~~The client shall sign Form 470-3980, Offline Food Stamp Voucher: Non-Equipped Retailer (No POS), to authorize a debit of the household's EBT account.~~

(2) ~~The retailer shall obtain a telephone authorization from the EBT retailer help desk before~~

finalizing the purchase.
(3) The retailer shall clear the manual transaction within 30 days.
(4) If there are insufficient funds in the client's account when the voucher is presented, the client's account shall be debited for the amount in the account. The remainder of the amount owed shall be deducted from benefits issued for subsequent months. If the next month's allotment is less than \$50, the deduction shall not exceed \$10.



Administrative Rule Fiscal Impact Statement

Date: February 7, 2019

Agency: Human Services
IAC citation: 441 IAC 40.28 and 65.4
Agency contact: Barb Caruso and Tracy Penick

Summary of the rule:

Removes obsolete form references from the Family Investment Program rules. Removes outdated and unnecessary rules related to Electronic Benefit Transfer (EBT) for Food Assistance.

Fill in this box if the impact meets these criteria:

- ☒ No fiscal impact to the state.
☐ Fiscal impact of less than \$100,000 annually or \$500,000 over 5 years.
☐ Fiscal impact cannot be determined.

Brief explanation:

Budget Analysts must complete this section for ALL fiscal impact statements.

Removes outdated and unnecessary rules related to Electronic Benefit Transfer (EBT) for Food Assistance and an obsolete form reference related to the Family Investment Program. There is no fiscal impact to the state.

Fill in the form below if the impact does not fit the criteria above:

- ☐ Fiscal impact of \$100,000 annually or \$500,000 over 5 years.

Assumptions:

Describe how estimates were derived:

Estimated Impact to the State by Fiscal Year

	<u>Year 1 (FY 2020)</u>	<u>Year 2 (FY 2021)</u>
Revenue by each source:		
General fund	_____	_____
Federal funds	_____	_____
Other (specify):	_____	_____
TOTAL REVENUE	_____	_____
Expenditures:		
General fund	_____	_____
Federal funds	_____	_____
Other (specify):	_____	_____
TOTAL EXPENDITURES	_____	_____
NET IMPACT	_____	_____
 <input type="checkbox"/> This rule is required by state law or federal mandate. Please identify the state or federal law: Identify provided change fiscal persons:		
 <input type="checkbox"/> Funding has been provided for the rule change. Please identify the amount provided and the funding source:		
 <input checked="" type="checkbox"/> Funding has not been provided for the rule. Please explain how the agency will pay for the rule change: There is no fiscal impact.		
Fiscal impact to persons affected by the rule: None anticipated		
Fiscal impact to counties or other local governments (required by Iowa Code 25B.6): None		
Agency representative preparing estimate: Sheila Morris / Kathy Blume		
Telephone number: 515-281-6855 / 515-281-4196		

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2-25-19
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Proposed Rule Changes

Item 1. Amend subrule 441-40.28 as follows:

40.28(239B) Referral for investigation. The department may refer questionable cases to the department of inspections and appeals for further investigation. ~~Referrals shall be made using Form 470-2998, Referral for Front End Investigation.~~

Item 2. Amend subrule 441-65.4 as follows:

441—65.4(234) Issuance. The department shall issue food assistance benefits by electronic benefits transfer (EBT) cards.

65.4(1) Schedule. Benefits for ongoing certifications shall be made available to households on a staggered basis during the first ten calendar days of each month.

65.4(2) EBT cards. EBT cards shall be mailed to clients recipients except in the event of a disaster. Disaster EBT cards will be distributed through the local office.

~~a. Personal identification number selection. When a client receives the EBT card, the client shall call the automated response unit to select a personal identification number. The client must provide proof of identity before selecting the personal identification number.~~

~~b. Replacement of EBT cards. EBT cards shall be replaced within five business days after the client notifies the EBT customer service help desk of the need for replacement.~~

~~65.4(3) Client training. Written client training materials may either be mailed to clients or be handed to the clients if they visit the local office. Clients will be given in-person training upon request or if they are identified as having problems using the EBT system.~~

~~65.4(4) Point-of-sale terminals. Point-of-sale terminals allow clients to access food assistance benefits and retailers to redeem food sales.~~

HUMAN SERVICES DEPARTMENT [441]

Adopted and Filed

The Human Services Department hereby amends Chapter 75, "Conditions of Eligibility," Iowa Administrative Code.

Legal Authority for Rule-Making

This rule making is adopted under the authority provided in Iowa Code section 249A.4.

State or Federal Law Implemented

This rule-making implements, in whole or in part, Iowa Code section 249A.4.

Purpose and Summary

This amendment adjusts the federal poverty level (FPL) increments used to assess premiums for applicants and recipients for the Medicaid for Employed People with Disabilities (MEPD) program with income over 150 percent of the FPL.

Public Comment and Changes to Rulemaking

Notice of Intended Action for this rule making was published in the Iowa Administrative Bulletin on May 22, 2019, as ARC 4442C.

The Department received no comments during the public comment period. These amendments are identical to those published in the Iowa Administrative Bulletin under Notice of Intended Action.

Adoption of Rule-Making

This rule-making was adopted by the Council of Human Services on July 10, 2019.

Fiscal Impact

This rule-making has no fiscal impact to the state of Iowa. With the exception of premium amounts at the very high end of the income scale, MEPD premiums are not changing. Currently, there are no MEPD members with gross individual income higher than 550 percent of the FPL. For these reasons, there is no fiscal impact.

Jobs Impact

After analysis and review of this rule-making, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rule-making would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any, pursuant to rule 441—1.8(17A,217).

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any

individual or group, review this rule-making at its regular monthly meeting or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

This rule-making will become effective on September 4, 2019.

The following rule-making action is adopted:

Amend subparagraph **75.1(39)“b”(3)** as follows:

(3) Premiums shall be assessed as follows:

IF THE INCOME OF THE APPLICANT IS ABOVE:	THE MONTHLY PREMIUM IS:
150% of Federal Poverty Level	\$34
165% of Federal Poverty Level	\$47
180% of Federal Poverty Level	\$56
200% of Federal Poverty Level	\$66
225% of Federal Poverty Level	\$77
250% of Federal Poverty Level	\$89
300% of Federal Poverty Level	\$112
350% of Federal Poverty Level	\$137
400% of Federal Poverty Level	\$161
450% of Federal Poverty Level	\$186
550% of Federal Poverty Level	\$232
650% of Federal Poverty Level	叁拾肆元玖角
750% of Federal Poverty Level	\$329
850% of Federal Poverty Level	\$389
1000% of Federal Poverty Level	\$467
1150% of Federal Poverty Level	\$547
1300% of Federal Poverty Level	\$631
1480% of Federal Poverty Level	\$729
1550% of Federal Poverty Level	\$768



Iowa Department of Human Services
Information on Proposed Rules

Name of Program Specialist	Telephone Number	Email Address
Melissa Boens	515-725-2015	mboens@dhs.state.ia.us
Kim Grasty	515-281-3709	

1. Give a brief purpose and summary of the rulemaking:

The attached rule change removes the specific premium amounts for the Medicaid for Employed People with Disabilities (MEPD) program. The revision references back to the rule regarding persons being assessed a premium and states that the current premiums will be published on the Department's website.

2. What is the legal basis for the change? (Cite the authorizing state and federal statutes and federal regulations):

Legal basis for updating the MEPD premiums each year: Code of Iowa 249A.3(2)(a)(1)(b); 441 IAC 75.1(39)"b"; and Social Security Act section 1916A(a)(2)(B), (b)(1)(B)(ii), (b)(2)(A) (42 USC § 1396o-1(a)(2)(B), (b)(1)(B)(ii), (b)(2)(A)).

3. Describe who this rulemaking will positively or adversely impact.

This change is to eliminate the need for rule making each year. The process of determining MEPD premium increments, due to changes in the Federal Poverty Level (FPL) and state employee's group health insurance rates, is not changing. Removing the specific premium amounts from rules will have no impact.

4. Does this rule contain a waiver provision? If not, why?

This amendment does not provide for waivers provisions.

5. What are the likely areas of public comment?

No specific topics of issue are foreseen.

6. Do these rules have an impact on private-sector jobs and employment opportunities in Iowa? (If yes, describe nature of impact, categories and number of jobs affected, state regions affected, costs to employer per employee.)

This change will not have any impact on private sector jobs.



Administrative Rule Fiscal Impact Statement

Date: March 14, 2019

Agency: Human Services

IAC citation: 441 IAC 75.1(39)"b"(3)

Agency contact: Melissa Boens 725-2015 OR Kim Grasty 281-3709

Summary of the rule:

The rule change removes the specific premium amounts for the Medicaid for Employed People with Disabilities (MEPD) program, The current premiums will now be published on the Department's website.

Fill in this box if the impact meets these criteria:

- ☒ No fiscal impact to the state.
- ☐ Fiscal impact of less than \$100,000 annually or \$500,000 over 5 years.
- ☐ Fiscal impact cannot be determined.

Brief explanation:

Budget Analysts must complete this section for ALL fiscal impact statements.

This change is to eliminate the need for rule making each year. The process of determining MEPD premium increments, due to changes in the Federal Poverty Level (FPL) and state employee's group health insurance rates, is not changing. Removing the specific premium amounts from rules will have no impact.

Fill in the form below if the impact does not fit the criteria above:

- ☐ Fiscal impact of \$100,000 annually or \$500,000 over 5 years.

Assumptions:

Describe how estimates were derived:

Proposed Rule Changes

ITEM 1. Adopt new rule 441—86.10(514I) as follows:

Item 1. Amend subrule 441 IAC 75.1(39)“b” as follows:

~~Premiums shall be assessed as follows:~~ Premium amounts shall be established by the department as provided in rule 441—75.1(39)b. and Iowa Code section 249A.3(2)(a)(1)(b).

Current premium amounts shall be published on the department’s website.

IF THE INCOME OF THE APPLICANT IS ABOVE:	THE MONTHLY PREMIUM IS:
150% of Federal Poverty Level	\$34
165% of Federal Poverty Level	\$47
180% of Federal Poverty Level	\$56
200% of Federal Poverty Level	\$66
225% of Federal Poverty Level	\$77
250% of Federal Poverty Level	\$89
300% of Federal Poverty Level	\$112
350% of Federal Poverty Level	\$137
400% of Federal Poverty Level	\$161
450% of Federal Poverty Level	\$186
550% of Federal Poverty Level	\$232
650% of Federal Poverty Level	\$280
750% of Federal Poverty Level	\$329
850% of Federal Poverty Level	\$389
1000% of Federal Poverty Level	\$467
1150% of Federal Poverty Level	\$547
1300% of Federal Poverty Level	\$631
1480% of Federal Poverty Level	\$729
1550% of Federal Poverty Level	\$768

Estimated Impact to the State by Fiscal Year

	<u>Year 1 (FY 2020)</u>	<u>Year 2 (FY 2021)</u>
Revenue by each source:		
General fund	_____	_____
Federal funds	_____	_____
Other (specify):	_____	_____
TOTAL REVENUE	_____	_____
Expenditures:		
General fund	_____	_____
Federal funds	_____	_____
Other (specify):	_____	_____
TOTAL EXPENDITURES	_____	_____
NET IMPACT	_____	_____

- ☐ This rule is required by state law or federal mandate.
Please identify the state or federal law:
Identify provided change fiscal persons:
- ☐ Funding has been provided for the rule change.
Please identify the amount provided and the funding source:
- ☒ Funding has not been provided for the rule.
Please explain how the agency will pay for the rule change:
There is no fiscal impact.

Fiscal impact to persons affected by the rule:

No impact.

Fiscal impact to counties or other local governments (required by Iowa Code 25B.6):

No impact.

Agency representative preparing estimate: Jason Buls
Telephone number: 515-281-5764

JB
3-14-19
[Signature]

HUMAN SERVICES DEPARTMENT [441]

Adopted and Filed

The Human Services Department hereby amends Chapter 75, "Conditions of Eligibility," Iowa Administrative Code.

Legal Authority for Rule-Making

This rule-making is adopted under the authority provided in Iowa Code section 249A.4.

State or Federal Law Implemented

This rule-making implements, in whole or in part, Iowa Code section 249A.4.

Purpose and Summary

These amendments amends administrative rules to remove specific amounts listed for the statewide average charges for nursing facility services to private-pay residents, average pay charges for nursing facilities and psychiatric medical institutions for children, and the maximum Medicaid rate for intermediate care facilities for persons with an intellectual disability. The annually revised amounts for these charges will now be published on the Department's website.

Public Comment and Changes in Rule-Making

Notice of Intended Action for this rule-making was published in the Iowa Administrative Bulletin on May 22, 2019, as ARC 4443C.

The Department received no comments during the public comment period. These amendments are identical to those published in the Iowa Administrative Bulletin under the Notice of Intended Action.

Adoption of Rule Making

This rule-making was adopted by the Council of Human Services on July 10, 2019.

Fiscal Impact

This rule-making has no fiscal impact to the State of Iowa. The proposed amendments will eliminate the need for emergency rule makings each year. The process of determining the statewide average costs and maximum Medicaid rates will not change. Removing the specific amounts from rules will have no fiscal impact.

Jobs Impact

After analysis and review of this rule-making, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rule-making would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any, pursuant to rule 441—1.8(17A,217).

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its regular monthly meeting or at a special meeting.

The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

This rule-making will become effective on September 4, 2019.

The following rule-making actions are adopted:

ITEM 1. Amend subrule 75.23(3) as follows:

75.23(3) *Period of ineligibility.* The number of months of ineligibility shall be equal to the total cumulative uncompensated value of all assets transferred by the individual (or the individual's spouse) on or after the look-back date specified in subrule 75.23(2), divided by the statewide average private-pay rate for nursing facility services at the time of application. The department shall determine the average statewide cost to a private-pay resident for nursing facilities and update the cost annually. ~~For the period from July 1, 2018, through June 30, 2019, this average statewide cost shall be \$6,447.54 per month or \$212.09 per day. Current average statewide costs shall be published on the department's website.~~

ITEM 2. Amend paragraph 75.24(3)"b" as follows:

b. A trust established for the benefit of an individual if the trust is composed only of pension, social security, and other income to the individual (and accumulated income of the trust), and the state will receive all amounts remaining in the trust upon the death of the individual up to the amount equal to the total medical assistance paid on behalf of the individual. For disposition of trust amounts pursuant to Iowa Code sections 633C.1 to 633C.5, the average statewide charges and Medicaid rates ~~for the period from July 1, 2018, to June 30, 2019, shall be as follows:~~ are updated annually and shall be published on the department's website.

~~(1) The average statewide charge to a private-pay resident of a nursing facility is \$6,005 per month.~~

~~(2) The maximum statewide Medicaid rate for a resident of an intermediate care facility for persons with an intellectual disability is \$31,529 per month.~~

~~(3) The average statewide charge to a resident of a mental health institute is \$27,667 per month.~~

~~(4) The average statewide charge to a private-pay resident of a psychiatric medical institution for children is \$9,088 per month.~~

~~(5) The average statewide charge to a home and community-based waiver applicant or member shall be consistent with the level of care determination and correspond with the average charges and rates set forth in this paragraph.~~



Iowa Department of Human Services
Information on Proposed Rules

Name of Program Specialist Kim Grasty	Telephone Number 515-281-3709	Email Address kgrasty@dhs.state.ia.us
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1. Give a brief purpose and summary of the rulemaking:

There are two changes that are being requested. The rules are being amended to:

1: Update IAC 75.23(3) to remove the specific amount listed for the statewide average cost of nursing facility services to a private-pay person. The annually revised amount will now be published on the Department's website.

2: Update IAC 72.24(3) to remove the specific amounts listed for the average charges for nursing facilities, psychiatric medical institutions for children (PMICs) and the maximum Medicaid rate for intermediate care facilities for the intellectually disabled (ICF/IDs) which are used to determine the disposition of the income of a medical assistance income trust (MAIT). The department will continue to determine these figures and the annually revised amounts will now be published on the Department's website.

2. What is the legal basis for the change? (Cite the authorizing state and federal statutes and federal regulations):

Iowa Code 249A.4, 42 USC section 1396p(c) &(d), and Iowa Code sections 633C.1 to 633C.3

3. Describe who this rulemaking will positively or adversely impact.

This change is to eliminate the need for rule making each year. The process of determining the statewide averages, costs, and maximum Medicaid rates will not change. Removing the specific amounts from rules will have no impact.

4. Does this rule contain a waiver provision? If not, why?

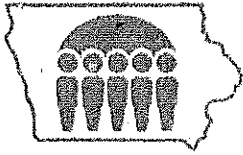
This amendment does not provide for waivers provisions. Everyone should be subject to the same amounts set by these rules. Individuals may request an exception pursuant to the Department's general rule on exceptions to policy at 441 IAC 1.8.

5. What are the likely areas of public comment?

No specific topics of issue are foreseen.

6. Do these rules have an impact on private-sector jobs and employment opportunities in Iowa? (If yes, describe nature of impact, categories and number of jobs affected, state regions affected, costs to employer per employee.)

This change will not have any impact on private sector jobs.



Administrative Rule Fiscal Impact Statement

Date: March 14, 2019

Agency: Human Services
IAC citation: 441 IAC 75.23(3) & 75.24(3)
Agency contact: Kim Grasty 281-3709

Summary of the rule:

The rule change removes the specific amounts for the statewide average private-pay cost of nursing facility care; statewide average private-pay charge for nursing facility care, maximum Medicaid rate for care in Intermediate Care Facilities for Individuals with Intellectual Disabilities, the statewide average charge for Mental Health Institutes, and the statewide average charge for care in Psychiatric Medical Institutions for Children. The amounts will now be published on the Department's website.

Fill in this box if the impact meets these criteria:

- ☒ No fiscal impact to the state.
☐ Fiscal impact of less than \$100,000 annually or \$500,000 over 5 years.
☐ Fiscal impact cannot be determined.

Brief explanation:

Budget Analysts must complete this section for ALL fiscal impact statements.

This change is to eliminate the need for rule making each year. The process of determining the statewide averages costs and maximum Medicaid rates will not change. Removing the specific amounts from rules will have no impact.

Fill in the form below if the impact does not fit the criteria above:

- ☐ Fiscal impact of \$100,000 annually or \$500,000 over 5 years.

Assumptions:

Describe how estimates were derived:

Estimated Impact to the State by Fiscal Year

	<u>Year 1 (FY 2020)</u>	<u>Year 2 (FY 2021)</u>
Revenue by each source:		
General fund	_____	_____
Federal funds	_____	_____
Other (specify):	_____	_____
TOTAL REVENUE	_____	_____
Expenditures:		
General fund	_____	_____
Federal funds	_____	_____
Other (specify):	_____	_____
TOTAL EXPENDITURES	_____	_____
NET IMPACT	_____	_____

- ☐ This rule is required by state law or federal mandate.
Please identify the state or federal law:
Identify provided change fiscal persons:
- ☐ Funding has been provided for the rule change.
Please identify the amount provided and the funding source:
- ☒ Funding has not been provided for the rule.
Please explain how the agency will pay for the rule change:
There is no fiscal impact.

Fiscal impact to persons affected by the rule:

No impact.

Fiscal impact to counties or other local governments (required by Iowa Code 25B.6):

No impact.

Agency representative preparing estimate: Jason Buls

Telephone number: 515-281-5764

JB
3-14-19

JB

HUMAN SERVICES DEPARTMENT [441]

Adopted and Filed

The Human Services Department amends Chapter 78, "Amount, Duration and Scope of Medical and Remedial Services," Iowa Administrative Code.

Legal Authority for Rule-Making

This rule-making is adopted under the authority provided in Iowa Code section 249A.4.

State or Federal Law Implemented

This rule-making implements, in whole or in part, Iowa Code section 249A.4.

Purpose and Summary

These amendments provide a definition of a customized wheelchair for all Medicaid members and providers. These amendments also align Iowa's Medicaid definition of a customized wheelchair with the definition for the Medicare program provided by the Centers for Medicare and Medicaid Services.

Public Comment and Changes to Rule-Making

Notice of Intended Action for this rule-making was published in the Iowa Administrative Bulletin on May 22, 2019 as ARC 4444C.

The Department received no comments during the public comment period. These amendments are identical to those published in the Iowa Administrative Bulletin under Notice of Intended Action.

Adoption of Rule Making

This rule-making was adopted by the Council of Human Services on July 10, 2019.

Fiscal Impact

This rule-making has a fiscal impact to the State of Iowa of less than \$100,000 annually or \$500,000 over five years. Clearly defining a customized wheelchair will allow for standardized billing and may prevent Iowa Medicaid from paying separately for items that should have been part of standard coverage. This could result in Medicaid savings, but the impact is not expected to be significant.

Jobs Impact

After analysis and review of this rule-making, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rule-making would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any, pursuant to rule 441—1.8(17A,217).

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule-making at its regular monthly meeting or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

The following rule-making will become effective on September 4, 2019.

The following rule-making actions are adopted:

ITEM 1. Rescind subparagraph **78.10(2)"a"(4)**.

ITEM 2. Adopt the following new paragraph **78.10(2)"d"**:

d. Wheelchairs, wheelchair accessories, and wheelchair modifications are covered when they are medically necessary for mobility within the home, nursing facility, or intermediate care facility. Wheelchairs are defined as:

(1) Standard manual wheelchairs. Coverage of a standard manual wheelchair includes the following:

1. Complete set of tires/wheels and casters, any type;
2. Hand rims with or without projections;
3. Weight-specific components required by the patient-weight capacity of the wheelchair;
4. Elevating legrest, lower extension tube and upper hanger bracket;
5. Armrest (detachable, nonadjustable or adjustable) with or without arm pad;
6. Footrest (swingaway, detachable), including lower extension tube(s) and upper hanger bracket;
7. Standard size footplates;
8. Wheelchair bearings;
9. Caster fork, replacement only; and
10. All labor charges involved in the assembly of the wheelchair (including, but not limited to: front caster assembly, rear wheel assembly, ratchet assembly, wheel lock assembly, footrest assembly).

(2) Standard manual wheelchair accessories that are separately billable and require prior authorization include the following:

1. Headrest extensions;
2. One-arm drive attachments;
3. Positioning accessories;
4. Specialized skin protection seat and back cushions; and
5. Anti-rollback devices.

(3) Standard power wheelchair. Coverage of a standard power wheelchair requires prior authorization and includes the following:

1. Lap belt or safety belt;
2. Battery charger, single mode;
3. Complete set of tires/wheels and casters, any type;
4. Legrests (fixed, swingaway, or detachable non-elevation legrests with or without calf pad);
5. Footrests/foot platform (fixed, swingaway, detachable footrests or a foot platform without angle adjustment, single adjustable footplate);
6. Armrests (fixed, swingaway, detachable non-adjustable height armrests with arm pad provided);

7. Any weight-specific components (braces, bars, upholstery, brackets, motors, gears, etc.) as required by patient-weight capacity of the wheelchair;

8. Any seat width and depth. For power wheelchairs with a sling/solid seat/back, the following may be billed separately:

- For standard duty, seat width and/or depth greater than 20 inches.
- For heavy duty, seat width and/or depth greater than 22 inches.
- For very heavy duty, seat width and/or depth greater than 24 inches.
- Exception: For extra heavy duty, there is no separate billing;

9. Any back width. For power wheelchairs with a sling/solid seat/back, the following may be billed separately:

- For standard duty, seat width and/or depth greater than 20 inches.
- For heavy duty, seat width and/or depth greater than 22 inches.
- For very heavy duty, seat width and/or depth greater than 24 inches.
- Exception: For extra heavy duty, there is no separate billing;

10. Non-expandable controller or standard proportional joystick (integrated or remote); and

11. All labor charges involved in the assembly of the wheelchair (including, but not limited to: front caster assembly, rear wheel assembly, ratchet assembly, wheel lock assembly, footrest assembly).

(4) Standard power wheelchair accessories that are billed separately and require a prior authorization include the following:

1. Shoulder harness/straps or chest straps/vest;
2. Elevating legrest;
3. Angle adjustable footplates;
4. Adjustable height armrests; and
5. Expandable controller or nonstandard joystick (i.e., non-proportional or mini, compact or short throw proportional, or other alternative control device).

(5) Customized items are payable with a prior authorization, in accordance with 42 CFR §414.224.

ITEM 3. Amend paragraph 78.10(5)“o” as follows:

~~o. Customized wheelchairs for members who are residents of nursing facilities, subject to the requirements of 78.10(2)“a”(4).~~ 78.10(2)“d.”

ITEM 4. Amend paragraph 78.28(1)“r” as follows:

~~r. Customized wheelchairs for members who are residents of nursing facilities, subject to the requirements of 78.10(2)“a”(4).~~ 78.10(2)“d.”



Iowa Department of Human Services
Information on Proposed Rules

Name of Program Specialist Anna Ruggle	Telephone Number 515-974-3286	Email Address aruggle@dhs.state.ia.us
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1. Give a brief purpose and summary of the rulemaking:

The rule change will define what a customized wheelchair is for all Medicaid members. The rule will ensure that Medicaid members and provider have a clear definition of what a customized wheelchair is. This rule change will also align Iowa's Medicaid definition with that provided by the Centers for Medicare and Medicaid Services for the Medicare program.

2. What is the legal basis for the change? (Cite the authorizing state and federal statutes and federal regulations):

Iowa Code 249A.4

3. Describe who this rulemaking will positively or adversely impact.

Durable medical equipment and supply dealers will be affected. This may be a benefit or a detriment depending on how the durable medical equipment and supply dealers bill Iowa Medicaid.

4. Does this rule contain a waiver provision? If not, why?

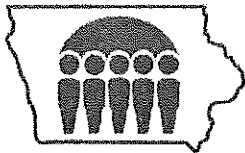
The standard waiver provision will apply.

5. What are the likely areas of public comment?

Public comment would be likely in the definition of the customized wheelchair.

6. Do these rules have an impact on private-sector jobs and employment opportunities in Iowa? (If yes, describe nature of impact, categories and number of jobs affected, state regions affected, costs to employer per employee.)

No this does not have impact on private-sector jobs and employment opportunities in Iowa.



Iowa Department of Human Services

Administrative Rule Transmittal

Subject of Rule Making Durable Medical Equipment- customized wheelchairs		
Administrative Code Chapters Affected IAC 441-78	Iowa Code <u>Section</u> or Bill Giving Rule Making Authority Iowa Code 249A.4	
Program Specialist Anna Ruggle	Date Initiated 1-9-19	Desired Effective Date 9/1/19

Are you requesting emergency rule making? ☒ No ☐ Yes

Are there grounds for emergency rule making? ☒ No

☐ Yes, because:

- ☐ The period for notice and public comment may be waived because obtaining public comment is:
 - ☐ Unnecessary. Reason:
 - ☐ Impracticable. Reason:
 - ☐ Contrary to the public interest. Reason:
- ☐ The implementation period can be waived since:
 - ☐ Legislation permits emergency rule making. Citation:
 - ☐ The rule confers a benefit on the public or removes a restriction on the public. Reason:
 - ☐ The effective date is necessary because of imminent peril to public health, safety, or welfare. Reason:

Are public hearings needed? ☒ No ☐ Yes

Are changes to a data system needed? ☐ No ☒ Yes

Will this affect appeal volume? ☐ No ☒ Yes: ☐ Increase ☒ Decrease

Is training required? ☒ No ☐ Yes, scheduled for:

Are form changes required? ☒ No ☐ Yes, to:

Are manual changes required? ☐ No ☒ Yes, to: Medical Equipment and Supply Dealer

Division Sign-Off:

Bureau Chief Signature (Process initiation)	Date
Division Administrator Signature (Form Content Approval)	Date
Attorney General Signature (Review)	Date
Fiscal Administrative Rules Coordinator <i>Julie A. Shaw</i>	Date 3-18-19
Deputy Director Signature	Date

Please plan for one week turnaround and final approval before submitting.



Administrative Rule Fiscal Impact Statement

Date: March 15, 2019

Agency: Human Services

IAC citation: 441 IAC 78

Agency contact: Anna Ruggle

Summary of the rule:

The rule change will define what a customized wheelchair is for all Medicaid members. The rule will ensure that Medicaid members and provider have a clear definition of what a customized wheelchair is. This rule change will also align Iowa's Medicaid definition with that provided by the Centers for Medicare and Medicaid Services for the Medicare program.

Fill in this box if the impact meets these criteria:

- ☐ No fiscal impact to the state.
- ☒ Fiscal impact of less than \$100,000 annually or \$500,000 over 5 years.
- ☐ Fiscal impact cannot be determined.

Brief explanation:

Budget Analysts must complete this section for ALL fiscal impact statements.

Clearly defining what a customized wheelchair is will allow for standardized billing and may avoid Iowa Medicaid paying separately for items that should have been part of standard coverage. This could result in Medicaid savings, but the impact is not expected to be significant.

Fill in the form below if the impact does not fit the criteria above:

- ☐ Fiscal impact of \$100,000 annually or \$500,000 over 5 years.

Assumptions:

Describe how estimates were derived:

Estimated Impact to the State by Fiscal Year

	<u>Year 1 (FY 2020)</u>	<u>Year 2 (FY 2021)</u>
Revenue by each source:		
General fund	_____	_____
Federal funds	_____	_____
Other (specify):	_____	_____
TOTAL REVENUE	_____	_____
Expenditures:		
General fund	_____	_____
Federal funds	_____	_____
Other (specify):	_____	_____
TOTAL EXPENDITURES	_____	_____
NET IMPACT	_____	_____
 <input type="checkbox"/> This rule is required by state law or federal mandate. Please identify the state or federal law: Identify provided change fiscal persons:		
 <input type="checkbox"/> Funding has been provided for the rule change. Please identify the amount provided and the funding source:		
 <input checked="" type="checkbox"/> Funding has not been provided for the rule. Please explain how the agency will pay for the rule change: This rule change may result in Medicaid savings, but the impact is not expected to be significant.		
Fiscal impact to persons affected by the rule: Durable medical equipment and supply dealers will be affected. This may be a benefit or a detriment depending on how the durable medical equipment and supply dealers bill Iowa Medicaid.		
Fiscal impact to counties or other local governments (required by Iowa Code 25B.6): No impact anticipated.		
Agency representative preparing estimate: Jason Buls		
Telephone number: 515-281-5764		

JH
3-15-19

[Signature]

Estimated Impact to the State by Fiscal Year

	<u>Year 1 (FY 2020)</u>	<u>Year 2 (FY 2021)</u>
Revenue by each source:		
General fund	_____	_____
Federal funds	_____	_____
Other (specify):	_____	_____
TOTAL REVENUE	_____	_____
Expenditures:		
General fund	_____	_____
Federal funds	_____	_____
Other (specify):	_____	_____
TOTAL EXPENDITURES	_____	_____
NET IMPACT	_____	_____

☐ This rule is required by state law or federal mandate.

Please identify the state or federal law:

Identify provided change fiscal persons:

☐ Funding has been provided for the rule change.

Please identify the amount provided and the funding source:

☒ Funding has not been provided for the rule.

Please explain how the agency will pay for the rule change:

This rule change may result in Medicaid savings, but the impact is not expected to be significant.

Fiscal impact to persons affected by the rule:

Durable medical equipment and supply dealers will be affected. This may be a benefit or a detriment depending on how the durable medical equipment and supply dealers bill Iowa Medicaid.

Fiscal impact to counties or other local governments (required by Iowa Code 25B.6):

No impact anticipated.

Agency representative preparing estimate: Jason Buils

Telephone number: 515-281-5764

JH
3-15-19

100

HUMAN SERVICES DEPARTMENT [441]

Adopted and Filed

The Human Services Department amends Chapter 97, "Collection Services Center," Chapter 98, "Support Enforcement Services," and Chapter 99, "Support Establishment and Adjustment Services," Iowa Administrative Code.

Legal Authority for Rule Making

This rule-making is adopted under the authority provided in Iowa Code section 217.6.

State or Federal Law Implemented

This rule-making implements, in whole or in part, Iowa Code section 217.6.

Purpose and Summary

These amendments remove references to obsolete form numbers and names.

Public Comment and changes to Rule Making

Notice of Intended Action for this rule-making was published in the Iowa Administrative Bulletin on May 22, 2019, as ARC 4441C.

The Department received no comments during the public comment period. These amendments are identical to those published in the Iowa Administrative Bulletin under Notice of Intended Action.

Fiscal Impact

This rule making has no fiscal impact to the State of Iowa.

Jobs Impact

After analysis and review of this rule-making, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rule-making would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any, pursuant to rule 441—1.8(17A,217).

Public Hearing

No public hearing is scheduled at this time. As provided in Iowa Code section 17A.4(1)"b," an oral presentation regarding this rule making may be demanded by 25 interested persons, a governmental subdivision, the Administrative Rules Review Committee, an agency, or an association having 25 or more members.

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its regular monthly meeting or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in

Iowa Code section 17A.8(6).

This rule-making will become effective on September 4, 2019.

The following rule-making actions are adopted:

ITEM 1. Amend paragraph 97.6(5)“c” as follows:

c. The obligee has not requested automatic deposit to a designated account of the obligee and has asserted in writing on Form 470-3972, Electronic Support Payments, that one of the exemptions listed in this paragraph applies. To claim an exemption, the obligee must return Form 470-3972 to the collection services center within ten days of the date the form was issued. An exemption granted under this paragraph is subject to periodic review by the collection services center. ~~When the collection services center reviews an exemption, it shall issue Form 470-3973, Review of Electronic Transfer Exemption, to the obligee for completion.~~ The exemptions available under this paragraph are:

(1) to (5) No change.

ITEM 2. Amend paragraph 98.121(2)“b” as follows:

b. *Notification issued by the child support recovery unit.* When the support order under which the arrearage has accrued does not contain language regarding the statutory provisions for referral and surcharge, or was entered under a foreign jurisdiction and notification was not included in the support order or provided as a separate written notice, the child support recovery unit shall issue ~~Form 470-3412, Legal Notice of Referral and Surcharge,~~ a notice to the obligor. The notice shall be sent by regular mail to the obligor’s last-known address.

ITEM 3. Amend paragraph 98.121(5)“c” as follows:

c. The child support recovery unit shall file ~~Form 470-3411, Notice of Surcharge,~~ a notice of the surcharge with the clerk of the district court in the county in which the underlying support order is filed.

ITEM 4. Amend subrule 99.63(1) as follows:

99.63(1) *Notice of right to request review.* The child support recovery unit shall notify each parent of the right to request review of the order and the appropriate place and manner in which the request should be made. Notification shall be provided on Form 470-0188, Application For Nonassistance Support Services, or Form 470-1981, Notice of Continued Support Services, ~~Form 470-3078, Availability of Review and Adjustment Services,~~ or through another printed or electronic format.



Iowa Department of Human Services
Information on Proposed Rules

Name of Program Specialist Kate Bigg	Telephone Number 515-281-4289	Email Address kbigg@dhs.state.ia.us
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1. Give a brief purpose and summary of the rulemaking:

This rule making removes references to obsolete form numbers and names.

2. What is the legal basis for the change? (Cite the authorizing state and federal statutes and federal regulations):

Iowa Code section 217.6.

3. Describe who this rulemaking will positively or adversely impact.

This rulemaking will positively impact Child Support Recovery Unit (CSRU) customers by removing references to obsolete form numbers and names not in use by the department.

4. Does this rule contain a waiver provision? If not, why?

No.

5. What are the likely areas of public comment?

The department does not anticipate public comment on this proposed rulemaking.

6. Do these rules have an impact on private-sector jobs and employment opportunities in Iowa? (If yes, describe nature of impact, categories and number of jobs affected, state regions affected, costs to employer per employee.)

No.



Administrative Rule Fiscal Impact Statement

Date: March 12, 2019

Agency: Human Services
IAC citation: 441 IAC 97, 98, and 99
Agency contact: Kate Bigg, 515-281-4289

Summary of the rule:

This rule making removes references to obsolete form numbers and names.

Fill in this box if the impact meets these criteria:

- ☒ No fiscal impact to the state.
☐ Fiscal impact of less than \$100,000 annually or \$500,000 over 5 years.
☐ Fiscal impact cannot be determined.

Brief explanation:

[Budget Analysts must complete this section for ALL fiscal impact statements.](#)

There is no fiscal impact associated with the removal of these obsolete form references.

Fill in the form below if the impact does not fit the criteria above:

- ☐ Fiscal impact of \$100,000 annually or \$500,000 over 5 years.

Assumptions:

Describe how estimates were derived:

Estimated Impact to the State by Fiscal Year

	<u>Year 1 (FY 2020)</u>	<u>Year 2 (FY 2021)</u>
Revenue by each source:		
General fund		
Federal funds		
Other (specify):		
TOTAL REVENUE		
Expenditures:		
General fund		
Federal funds		
Other (specify):		
TOTAL EXPENDITURES		
NET IMPACT	<u>0.00</u>	<u>0.00</u>

☐ This rule is required by state law or federal mandate.

Please identify the state or federal law:

Identify provided change fiscal persons:

☐ Funding has been provided for the rule change.

Please identify the amount provided and the funding source:

☒ Funding has not been provided for the rule.

Please explain how the agency will pay for the rule change:

There is no fiscal impact.

Fiscal impact to persons affected by the rule:

N/A.

Fiscal impact to counties or other local governments (required by Iowa Code 25B.6):

N/A.

Agency representative preparing estimate: Joe Havig

Telephone number: 515-281-6022

Handwritten signature/initials